



# Administrative Reviews

Determining Compliance

# Administrative Review Basics

- **Formal “full” reviews**
  - At least once every 3 years
  - Announced or unannounced
  - Duration: 1-5 days...or longer
  - Record review and provider visits
- **In addition:**
  - Technical assistance visits
  - Follow-up reviews
  - Record reviews

# After an Administrative Review

- **Exit conference**
  - Discuss preliminary findings
  - Identify areas that require immediate corrective action
- **Administrative Review Findings Letter** – includes:
  - Findings (*require corrective action*)
  - Observations with Recommendations
  - Fiscal action
    - Note: fiscal action may be appealed but **not** findings
  - Supporting Documents

# After an Administrative Review

- **Return signed letter**
  - Specify repayment plan if needed
    - Noting that you plan to appeal the fiscal action does not count as the required written request for an appeal
- **Corrective Action Plan Worksheet**
  - Includes required corrective actions based on findings
    - Corrective Action numbers correspond to Finding numbers
  - Fields guide you through writing a thorough plan



# Successful Corrective Action Plans

Demonstrating Commitment to  
Compliance

# What?

## Corrective Action Plan

The steps you take to fully and permanently fix deficiencies so that you are in compliance with all CACFP requirements.

# Why?

The USDA requires it  
whenever the State Agency  
identifies a deficiency.

# Why?

It's a smart business practice.

Work smarter, not harder.

Protect yourself from future losses and termination.



# Why?

- Document understanding of what is wrong and what needs to be done;
- Document the plan for improvement;
- Provide opportunity for the State Agency to evaluate the plan and request additional information or clarification; and
- Provide enough detail so that the State Agency can determine whether the issues were fully and permanently corrected.

# How to Start?

- Read the notice
- Know the regulations and requirements
- Understand the problem
- Think about why the problem is occurring

# What NOT to Do

- “The State Agency is wrong; we’re doing OK.”
  - Corrective actions are not appealable.
- “I don’t understand.”
  - Ask for explanation before your CAP is due.
- “My staff won’t do what I tell them.”
  - Passing blame is not a solution.
- “We’ll try harder” or “We’ll do it right.”
  - Progress and vague promises are not enough.

# What Does a CAP Look Like?

- Who will address the deficiency?
- What actions will be implemented to address it?
- Who does this? Who is the back-up?  
Who oversees them?
- When and how often is this done?
- When will the corrective action be implemented?
- Where are the records for this filed?
- How will applicable individuals be informed?
- How will you make sure this happens?

# What Does a CAP Look Like?

- **S** = Specific
- **M** = Measurable
- **A** = Action-Oriented / Assignable
- **R** = Realistic
- **T** = Time-Bound

# Who will address the deficiency?

- Give position title
  - Assign task to a position, not a person
  - Corrective actions must be maintained even if there is staff turnover
- Designate a back-up
- Ensure oversight

Finding: Three providers claimed and received payment for non-creditable infant meals; two of them did so on more than two occasions.

Corrective Action: How will the sponsor ensure that providers serve and claim creditable infant meals?

Who: Sierra

***NOT SPECIFIC***



Who: Fairy Godmother

***NOT REALISTIC***

Who: Sierra Johnson, Operations Manager, obtains and reviews menus. Monique Smith, Nutrition Specialist, provides training and double-checks selected menus. Ron Jones, Executive Director, oversees them.

***ACCEPTABLE***

Who: Operations Manager obtains and reviews menus. Nutrition Specialist provides training and double-checks selected menus. Executive Director oversees them.

***ACCEPTABLE***

# What will be done to address it?

- Actions or procedures
  - Update staff or parent handbook
  - Create internal procedure or memo
  - Provide training
- Specific steps

What: Providers will be required  
to serve creditable infant  
meals.

***NOT SPECIFIC***

What: We will send infant menus  
to our CACFP Specialist for  
verification.

***NOT REALISTIC***

What: The Admin Assistant reviews providers' monthly record submissions with a checklist to ensure completeness. This checklist (see attached) includes infant menus, if applicable based upon each provider's enrollment list, which includes date of birth for each enrolled child. The Admin Assistant reviews menus with the meal pattern template and consults the Infant Feeding Guide as needed. If she is unsure, she asks the Nutrition Specialist. The Nutrition Specialist also double checks the menu for one randomly selected provider each month as well as for providers who had non-creditable menus the prior month. If the Nutrition Specialist is unsure about an item or menu, she will contact our Specialist. Both will also attend trainings offered by the State Agency.

Providers are notified via email with a detailed explanation of any disallowances and non-creditable items. Providers receive in-home training during each monitoring visit. Prior disallowances are always addressed during visits. If a provider submits non-creditable menus for three consecutive months, the Nutrition Specialist will conduct a technical assistance visit.

***ACCEPTABLE***

# When and how often is this done?

- When: a specific time of the day, week, year, etc.
  - By 9 AM
  - During the first week of August
  - When the claim is being prepared for the prior month
- How often
  - When X occurs (i.e. upon initial enrollment)
  - Daily
  - Weekly
  - Monthly
  - Annually



When: We will review menus  
when needed.

***NOT SPECIFIC***

When: We will review menus  
immediately upon  
submission.

***NOT SPECIFIC OR REALISTIC***

When: The Admin Assistant reviews provider claims and records within two days of submission. The Nutrition Specialist then has one day to double-check one of the menus, review the menus of providers who had prior issues, and follow up any items flagged by the Admin Assistant. Providers are notified of any issues within four days of submission. Technical assistance visits for menu deficiencies are conducted within two weeks of identifying the third consecutive non-compliant menu.

***ACCEPTABLE***

# When will this be implemented?

- Specific date of initial implementation

When: Now.

***NOT SPECIFIC***

When: The procedure was implemented  
June 1 for May menus and  
claims.

***ACCEPTABLE***

# Where are the records for this filed?

- “If you didn’t document it, it’s like you never did it.”
- Specific location that others could find based on description
- Electronic and/or hard copy

Where: At the main office.

***NOT SPECIFIC***



Where: On the computer.

***NOT SPECIFIC***

Where: Claims and menus that have not yet been reviewed are held in the inbox on the Admin Assistant's desk or in the [claims@sponsor.org](mailto:claims@sponsor.org) inbox. After review, the Admin Assistant puts them in the inbox on the Nutrition Specialist's desk or forwards them to [nutrition@sponsor.org](mailto:nutrition@sponsor.org). The Admin Assistant scans and/or saves all claim records on the network (S:\) drive under: CACFP\FYXXXX\Provider Name\Month. Any hard copy records are shredded after they are checked for accurate scanning.

***ACCEPTABLE***

# How will you inform people?

- Depends on groups that need to be informed:
  - Administrative staff
  - Food service staff
  - Teachers
  - Parents
- Multiple groups may need to be informed
- Specify method:
  - Training or meeting
  - Email, memo, handbook, etc.

How: I will tell them.

***NOT SPECIFIC***

How: The Executive Director, Admin Assistant, and Nutrition Specialist met on May 5 to discuss the new procedures. Providers were notified via email on May 8. A written procedure based on this CAP was added to the “Procedures” folder on the network (S:\) drive on May 8.

***ACCEPTABLE***

# How will you make sure this happens?

- Implementation must occur
- Monitoring or oversight is necessary

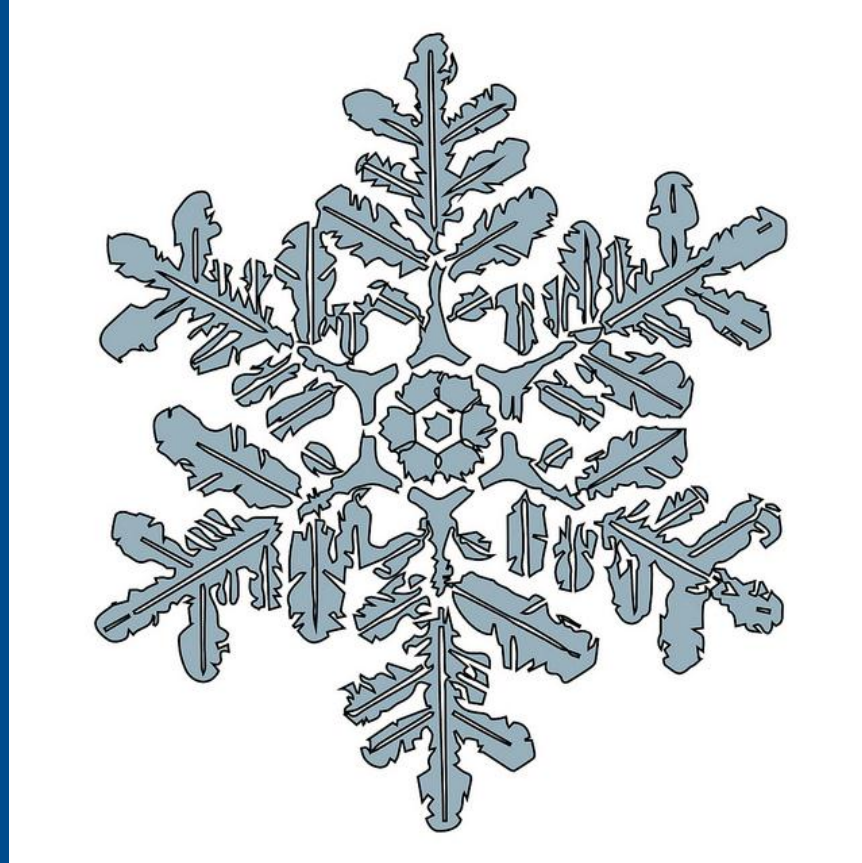
How: The Executive Director  
makes sure the procedures  
are implemented.

***NOT SPECIFIC***

How: The Admin Assistant and Nutrition Specialist check each others' work. The Executive Director has added menu reviews and technical assistance to their monthly staff reports and annual performance evaluations in January of each year.

***ACCEPTABLE***





**Each CAP is like a snowflake...**

...it's unique to your center, your staff, and your operations.

# In Summary

- Understand the issue and why it's happening
- Address Who, What, When, Where, & How
- Be SMART
- And then make it happen!

# What You Can Do Now

- Assess current operations
  - Review “Institution Responsibility Overview” to ensure all major requirements and records are covered
- Develop policies and procedures
- Provide training, support, and oversight
- Plan for staff turnover

